PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 817439

1. Corporation Name

CIGNA FIRE UNDERWRITERS INSURANCE COMPANY

Principal Place of Business		Mailing Address				#	ISO IBII OLONI US	<u> </u>	a ll askil 1901
TWO LIBERTY ST		1601 CHESTNUT ST							
1601 CHESTNUT ST		TL21G				DO NOT WRITE IN THIS SPACE			
PHILADELPHIA PA 19192		PHILADELPHIA PA 19192				3. Date Incorporated or Qualifed			
		US				10/24/1963			[
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
Principal Place of Business The Principal Place of Business		26				06-6032187			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & State		City & State				6. Election Campaign Financing	⊡	\$5.00	, ,
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curr	ent year Inti		□No
24	25		30			Personal Property Tax. 10. Name and Address of New F	Pagistared :		LINO
	9. Name and Address of Curren	t Registered Agent		31 Nam	Α	TV. Name and Address of New F	(egistered /	-yent	
THE	INSURANCE COMMISSIONER		Ľ	, ivan					
CAPITOL BLDG				32 Stre	et Addres	ress (P.O. Box Number is Not Acceptable)			1
	AHASSEE FL 32304		- -	33					
.,	34 1/10022 1 2 02001								
			[4	34 City			FL	85 Zip C	Code
11 Dumunat	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the abo	Ne-name	d cornor	ration submits this statement for the	numose of	changing its	registered
office or re	egistered agent, or both, in the State (of Florida, Such change was a	thorized l	by the co	rooration	's board of directors. I hereby accer	t the appoin	ntment as reg	gistered
			illionzeu i	by the co	polation				
agent. I ai	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statut	es.	poración	•			
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SIGNATURE	m familiar with, and accept the obligat	nt and title of applicable. (NOTE:	Registered A	es. gent signatu		when reinstating)	DATE		
SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered eyer OFFICERS AN	nt and title if applicable. (NOTE:	Registered A	es. gent signatu E		when reinstating)	DATE	ID DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

PHILADELPHIA, PA 0

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNATURE OR DIRECTOR

COORDER D. MUIT I GRAN COMPONENT SECONDA

COMP

215-761-2907

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90203 032 ***150.00